

**APPLICATION FOR TEMPORARY CERTIFICATION**  
**At Assessment Technician Level**

**INSTRUCTIONS:**

1. Enclose a \$20.00 examination fee (Examination fee is non-refundable.)
2. Be sure to sign page 2.
3. Complete entire form.
4. Send application and check or money order made payable to: **Wisconsin Certification Examination Services**  
Wisconsin Department of Revenue  
Bureau of Assessment Practices, Mail Stop 6-97  
Temp Cert  
PO Box 8971  
Madison, WI 53708-8971
5. This will also be your application for the next assessor certification exam.
6. The mailing address you supply will be considered your business contact information.

***Reprint of Administrative Rule for***  
**TEMPORARY ASSESSOR CERTIFICATION AT THE ASSESSMENT TECHNICIAN LEVEL**

Tax 12.05 Temporary assessor certification. (ss. 73.09(1) and (6), Stats.)

(1) APPROVAL. Temporary assessor certification shall be approved under the following conditions:

- (a) The applicant shall not have been temporarily certified previously.
- (b) The applicant shall have a job commitment from an elected or appointed assessor, from a firm contracting to make the assessment under ss. 70.05(2), 70.055, or 70.75, Stats., or a job commitment from the bureau of property tax.
- (c) The certified individual signing the assessment roll for a local tax unit of government or county assessor system under s. 70.99, Stats., or the applicant's immediate supervisor if in the bureau of property tax, shall be responsible to see that the following conditions are met:
  1. The effective start and end dates of temporary assessor certification are adhered to.
  2. No more than two persons employed by private firms may function as temporary assessors in the same municipality.

(2) APPLICATION. Application for temporary assessor certification shall be in writing and notarized on the form prescribed by the department of revenue.

(3) WHEN VALID. Temporary assessor certification shall become effective upon the mailing of a letter of approval by the department of revenue. Temporary certification shall expire after whichever of the following first occurs:

- (a) 100 days have expired since the certification became effective; or
- (b) The results of the first assessor certification examination conducted after the temporary assessor certification became effective are issued.

(4) AUTHORIZED DUTIES. A temporary certified individual shall be authorized to perform in accordance with the Wisconsin property assessment manual, and under the direct supervision of the certified individual in sub. (1)(c), the duties defined for the lowest assessment technician level of local assessor certification under sub. (1)(c).

**APPLICANT PERSONAL INFORMATION**

Name (Last)		(First)	(M.I.)	Social Security Number	
Mailing Address		City		County	State    Zip Code
Telephone Number (    )	E-mail Address			Birth Date	
Examination for Which You Are Applying *					
<div style="display: flex; justify-content: space-between; align-items: center;"><div><input type="checkbox"/> Assessment Technician</div><div><input type="checkbox"/> Property Appraiser</div><div><input type="checkbox"/> Assessor 1</div><div><input type="checkbox"/> Assessor 2</div><div><input type="checkbox"/> Assessor 3</div><div style="text-align: right;">▶ (May only perform the duties performed for an Assessor 3)</div></div>					
By becoming temporarily certified, you are automatically scheduled to write the next exam. Exams are normally scheduled quarterly in February, May, August, and November. Where do you prefer to take the next exam?					
<div style="display: flex; flex-wrap: wrap;"><div style="width: 20%;"><input type="checkbox"/> Ashland</div><div style="width: 20%;"><input type="checkbox"/> Fond du Lac</div><div style="width: 20%;"><input type="checkbox"/> Kenosha</div><div style="width: 20%;"><input type="checkbox"/> Madison</div><div style="width: 20%;"><input type="checkbox"/> Rice Lake</div><div style="width: 20%;"><input type="checkbox"/> Eau Claire</div><div style="width: 20%;"><input type="checkbox"/> Green Bay</div><div style="width: 20%;"><input type="checkbox"/> La Crosse</div><div style="width: 20%;"><input type="checkbox"/> Milwaukee</div><div style="width: 20%;"><input type="checkbox"/> Wausau</div></div>					
Do You Presently Hold Any Wisconsin Assessor Certification? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Temporary Certification is for the Lowest Level of Assessor Certification and is Granted Only Once.					
Have You Ever Been Temporarily Certified in Wisconsin? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, when? _____					

\* Pursuant to section 73.09(7m), Wis. Stats., exam applicants may be screened for Wisconsin tax delinquencies. If delinquent account is not satisfactorily resolved, the certification will not be issued.

### APPLICANT

I have read Tax Rule 12.05 on temporary certification and understand the requirements for, and responsibilities associated with temporary certification. I certify that all information on this application is true and complete to the best of my knowledge, and that any false or omitted information may disqualify me from certification. Furthermore, I authorize the release of the pass/fail results of my assessor certification exam over the phone to the certified assessor signing below.

Sign Here \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

### CERTIFIED ASSESSOR (WITH NOTARIZED SIGNATURE)

I have read Tax Rule 12.05 on temporary certification and understand that I am responsible to see that the applicant only: (1) performs the duties prescribed for the assessment technician level, (2) works in the ☐ T ☐ V ☐ C of \_\_\_\_\_ (approval must be obtained prior to working in a different municipality), (3) functions as an assessment technician during the effective dates established in the notification of approval. I am statutory assessor for the above indicated municipality and realize that temporary certification is not valid until receipt of the notice of approval from the Wisconsin Department of Revenue.

Signature \_\_\_\_\_

Certification Number \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Subscribed and sworn to me on this

Date \_\_\_\_\_

Signed \_\_\_\_\_ (Notary Public) (Seal)

County of \_\_\_\_\_

My Commission Expires On \_\_\_\_\_

### FOR DEPARTMENT OF REVENUE USE ONLY – DO NOT WRITE IN THE AREA BELOW

Application for Temporary Certification: ☐ Approved ☐ Disapproved

Beginning Date of Temporary Certification is \_\_\_\_\_. For ending date see Tax Rule 12.05(3).

Temporary Certification Number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_